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1943

# ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

## SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch., B., D.P.H.

FOR THE

Year Ended 31st December, 1943

*In accordance with circulars 576 and 596  
of the Board of Education.*

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For the Year ended 31st December, 1943.

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INTRODUCTION.

This report on the work of the Birmingham School Medical Service has been prepared in accordance with the directions of the Board of Education that, in the interests of economy, annual reports of School Medical Officers for the year ended 31st December, 1943, should be made as brief as possible.

STAFF.

At the end of 1942 the medical man-power of the School Medical Service had been reduced by three. There remained nine medical officers to serve twelve districts, each with its own Clinic. The shortage of medical practitioners generally made it impossible to fill these vacancies if the remaining medical man-power were to be fairly and evenly distributed throughout the country. An effort was made to meet this situation by coupling each of the vacant Clinics with an appropriate Clinic so that the Medical Officer could work for half his or her time at each Clinic.

There were indications, however, that, in areas thus coupled, attendance was falling off at both Clinics, so that in both districts parents were in danger of losing the Clinic habit. Parents, preoccupied with many other matters, were liable to be uncertain as to when or where they could consult the School Doctor, or, on account of urgent occupation, were unable to attend on the prescribed days without serious loss in work time. It was decided, therefore, to withdraw the medical officers entirely from three Clinics and to keep the other nine centres working full time. The advice and help of the nurses would still be available at the Clinics which no longer were served by a medical officer, and parents could, where possible, attend with their children at that Clinic most convenient to them where a medical officer was still engaged. There can be no doubt that this course is detrimental to the work of the School Medical Service, but, in the existing circumstances, it is a matter of considering how the damage, inevitable during war conditions, may be minimised.

Some changes in the medical personnel have occurred during the year, but so far it has been possible to maintain the number of Assistant School Medical Officers at ten (including one for Special Schools and Special Purposes). In the interests of the School population it is hoped that no further reduction may prove necessary.

At the beginning of 1943 the number of Dental Surgeons had been reduced to the equivalent of ten and a half whole-time Officers. At the end of 1942 Mr. Hudson and Mr. Edwards, part-time Officers, resigned, while Mr. Jessop took whole-time duty instead of his former part-time service. Mr. Dickson, whole-time officer, became a half-time officer as from the beginning of April. The nett result is that the Dental Surgeon-power available after the end of 1943 is the equivalent of  $9\frac{1}{2}$  full-time practitioners instead of thirteen. So far it has proved impossible to fill

these vacancies. To overtake the necessary work to the best advantage, the system of coupling clinics instituted in 1942 has been further developed. In the case of dental work there are not the same drawbacks to coupling of Clinics as are found in the Medical Service because dental treatment is always by appointment. Objections there certainly are, however, since, with a reduced number of days per week upon which a Dental Surgeon is present at a particular Clinic, it is not possible to give patients so wide a choice of days for treatment, and arrangements for administration of anaesthetics, when two surgeons must be present, are difficult.

### NUTRITION.

As in previous years the returns of nutrition assessment show extreme variation in the standards employed by different practitioners. In one area 57·5 per cent. of the children were judged to be malnourished while in another district, otherwise fairly comparable, malnutrition was recorded in only 15·24 per cent. of cases. From a third district, returns were furnished by two different medical officers, each working for a part of the year. One of these found 44·0 per cent. of the children malnourished, while the other reported 15·3 per cent.

The actual figures, as shown in Table II of the Appendix to this report, give "slight" malnutrition 25·1 per cent., and "bad" 1·3 per cent. Taking these figures at face value, as the combined assessments of eleven observers, we see that the cases of "bad" nutrition were slightly less than in the previous year, while slight malnutrition has increased from 20·6 per cent. to 25·1 per cent. That is to say, 26·4 per cent. of children showed some degree of malnutrition in 1943 as against 22·3 per cent. in 1942. Owing to unreliability of standards employed, this cannot be taken as a useful indication of the well-being and state of health of the children. Deterioration in the nutritional state of a population, and especially perhaps among children, might reasonably be expected to be accompanied by an increase in illness, due to a general lowering of resistance to disease. During the year, and indeed throughout the war period as a whole, it would be impossible to point with confidence and certainty to any such increase in disease. For example, Mr. F. B. Gilhespy, the Committee's Aural Surgeon, reports that the routine work of his Clinic has been very little altered by the years of war, although increase in malnutrition might have been expected to increase ear and throat inflammations in children. There were limited outbreaks of intestinal infection and of jaundice which were ascribed, with no sound reason, to the effects of war-time bread. Towards the end of the year occurred an epidemic of influenza, intense and widespread, but of relatively short duration per case, and of low severity as compared with previous epidemics of comparable extent. There is, however, among medical practitioners a fairly general impression, incapable of numerical expression, that convalescence from illness is more protracted than in times when conditions of living were more easy and favourable.

The incidence of tuberculosis is commonly held to be of significance in estimating the level of the health of a community. An increase in the prevalence of tuberculosis may be feared when the standard of living falls appreciably as may well be expected as the result of war conditions. Elsewhere in this Report is a return by the Chief Tuberculosis Officer of the City showing that 97 cases of this disease in children of school age were treated during 1943. Of these, 79 were pulmonary while 18 were non-pulmonary. A similar return for the year 1938 gives a total of 96 cases, 75 being pulmonary and 21 non-pulmonary. This difference can scarcely be regarded as significant; so small a variation could well



occur between any two successive years. It seems fair to claim that deterioration in nutrition is not dangerously marked although clinical evidence exists that there is some lowering of the reserve of health as shown by prolonged recovery from illness.

In spite of some limited belief to the contrary, the consensus of opinion is that adequate food is available although to secure it and to provide a desirably varied diet demand greater activity and ingenuity in the housewife than were formerly required. This point is of practical importance because, owing to maternal employment, there is limited opportunity for shopping and cooking. To maintain the health of the children in spite of these difficulties more meals have been provided at school, mostly for payment in part or in whole, and the consumption of milk in schools has been encouraged. There can be no doubt that these measures have had a powerful influence in preventing ill-health. Protracted convalescence after illness has certainly been hard to overcome. Since the outbreak of war country holidays and admission to convalescent homes have been difficult to secure, and there was always a shortage at the best of times. The Open Air Schools cope efficiently with their full complement of children but are, as a rule, amply filled by more serious cases of debility and of other diseases for the cure or amelioration of which they are particularly suited.

#### PROVISION OF SPECTACLES.

Mr. H. W. Archer Hall, D.O., Ophthalmic Surgeon to the Education Committee, indicates the work carried out by him and his colleague at Great Charles Street School Clinic in the following report:—

“During the year ending December 31st, 1943, the work represented by the following statistics was carried out at the Great Charles Street School Clinic.

Spectacles were prescribed, after examination by refraction, for the defects in focus enumerated below:—

Hypermetropia	...	...	346
Myopia	...	...	148
Astigmatism	...	...	929
			<hr/>
			1,423
			<hr/>

In addition, a very large number of pupils were examined in routine, and found not to need change of glasses.

Twenty-five children suffering from squint were referred to the Birmingham and Midland Eye Hospital for orthoptic exercises, and operation if found necessary, in addition to the fusion training. Many more would have been so referred, but for the shortage of staff at the Hospital, and the difficulty experienced by parents, the majority of whom are on work of National Service, in getting their children to the Orthoptic Department.

It was found necessary to advise education at the Partially Sighted Schools for 28 children, and two young children below, or just at school age, had to be admitted to the Birmingham Royal Institution for the Blind.

The refraction work includes that of Dr. A. W. Aldridge.”

In addition, 2,379 pairs of spectacles were provided for the school children following examination by refraction at the school clinics in the various districts, the examinations being carried out by Assistant School Medical Officers.

## TONSILS AND ADENOIDS CLINIC.

Operative treatment of Adenoids and enlarged Tonsils was conducted at the Handsworth Clinic on two sessions weekly up to the week ending June 19th. From that date until the end of the year, operations were performed on three sessions each week. Only selected suitable cases are dealt with, selection being on the ground of urgent need for treatment and especially if operation is an essential step towards further treatment of a child's disability such as ear inflammation, recurrent bronchitis, deafness, etc.

With the present war-time restriction of available bed accommodation in hospitals it is considered that the work of this Clinic represents an appreciable proportion of this type of treatment available for the children of the City. 1,084 children received operative treatment, of whom 549 were boys and 535 girls.

## AURAL CLINIC.

During the year 1943 cases were dealt with at the Aural Clinic as shown in the table below :—

No. of children examined by Aural Surgeon	No. of Ionisation treatments by Nurse	No. of Mastoid Dressings by Nurse	No. of Diastolization treatments by Nurse	No. of other Aural treatments by Nurse
698 (of whom 437 were new cases)	63	594	68	3,397

Ionisation and diastolization have been employed less during the year than in 1942, while the number of mastoid dressings was greater. This variation depends upon the type of case and the surgeon's decision as to appropriate treatment.

The following is a report furnished by Mr. F. B. Gilhespy, Aural Surgeon to the Education Committee :—

"The routine work of this Clinic has been very little altered by the years of War. There has been no change noted in the chronic or sub-acute suppurative conditions of the Ear, which might be attributed to War changes. On the other hand, children with nasal discharge have been seen in greater numbers.

I believe, however, that the explanation lies in the fact that education has made parents more alive to this symptom and desirous of preventing its continuance. At one time many parents considered that this condition was a negligible one and synonymous with a Birmingham or Black Country climate. Strangely enough recent research has pointed to the fact that a certain degree of mucous catarrh may be a protective factor, but many of our patients have gone beyond this stage to one of declared sinus infection with pus present in the nose and surrounding sinuses. During the year I have operated upon over fifty of such cases at Droitwich and given them a stay of two to four weeks in the country.

This has been a fortunate war-time accident and will not continue after the War."

## DENTAL TREATMENT.

	1943.	1942.
Total inspected in all Schools .....	101,700	92,663
In need of treatment .....	57,357 (56.4%)	56,227 (60.7%)
Attended Clinics for treatment .....	27,399 (47.8%)	33,262 (59.1%)

The outstanding feature here is the fall in the number of children who attended Clinics for treatment. To some considerable extent, although not entirely, this can be ascribed to war-time conditions. After careful investigation the following three chief causes emerge :

- (1) The prevalence of influenza towards the end of the year. It is significant that the falling off in number of children treated was most marked in the last four months of the year.
- (2) More mothers in employment in 1943 than in 1942. This was a real factor but credit must be given to mothers for the efforts commonly made to secure all kinds of treatment for the children where at all possible.
- (3) The "coupling" of Clinics and the fact that Yardley Green Road Clinic, serving a large area, was operating as a half-time centre for the first eight months of the year made it difficult to offer parents a choice of sessions on which to take their children for treatment.

The increase in the number inspected is of no special significance. If the number of acceptances for dental treatment falls, more children must be examined to produce enough work to occupy fully the treatment sessions.

The number of "non-gas" sessions shows an increase over the number in 1942. These sessions are reserved for conservative dentistry, and the increase is therefore desirable. At the same time there has been a decrease in the number of extractions, greater in actual amount and in percentage than the decrease in fillings.

## ORTHOPAEDIC SCHEME.

2,156 children were admitted and 1,327 were discharged from the Orthopaedic Department of the various School Clinics.

906 children were treated at the out-patient clinic of the Royal Cripples Hospital, and 401 at the Massage Department, the grant-in-aid to this Institution being continued by the Committee.

## TUBERCULOSIS.

The Chief Clinical Tuberculosis Officer reports :

"During the year 1943, the number of children dealt with at Yardley Green Road Sanatorium was 123. Of these 63 were males and 60 females.

Out of the 123 cases there were 61 who were admitted primarily for observation, 26 of which were discharged with no definite signs of tuberculosis and 35 remained for treatment.

Out of the 97 who received treatment, 54 were in Group I, 20 in Group II, 5 in Group III, and 18 in Group IV, i.e., were non-pulmonary cases. The non-pulmonary cases consisted of tuberculosis of the bones and joints, abdominal tuberculosis, peripheral glands, etc., and the majority of these children were treated in the artificial light clinic with excellent results."



### *Classification of Groups.*

Group I—Cases with slight constitutional disturbance, if any; e.g., there should not be marked acceleration of pulse nor elevation of temperature, except of very transient duration; gastrointestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows: either present in one lobe only, and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front, or not exceeding an equivalent area in any one lobe, or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobe, and should not extend below the clavicle and the spine of the scapula. No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this Group.

Group III—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery. All cases with grave complications, e.g., diabetes, tuberculosis of intestine, etc., whether these complications are tuberculous or not, should be classified in this Group.

Group II—All cases which cannot be placed in Groups I and III.

Group IV—Patients suffering from non-pulmonary tuberculosis include:

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (i.e., tuberculosis of peritoneum, intestines, or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

### IMMUNIZATION AGAINST DIPHTHERIA.

This work is carried out with the approval of the Education Committee in the Schools in school time by a Medical Officer of the Public Health Department.

25,936 children of all ages have been inoculated against Diphtheria throughout the City in the past year. Of these 6,279 children received the immunizing injections in the Schools, by the Public Health Medical Officer, while an additional 144 children were dealt with at the School Clinics by Assistant School Medical Officers.

### PHYSICAL EDUCATION.

The following report has been furnished by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training:—

“The standard of physical education continues to improve generally in the Committee's schools and institutes, mainly as a result of courses which have been held for the further training of teachers. Seven courses for teachers in Senior Boys, Senior Girls, Junior and Infants Schools, and three for instructor leaders, have been held during the year. A total of 280 men and women teachers, and 81 instructor leaders attended these courses. This response in war-time is particularly gratifying, and is a measure of the zeal and keenness of head teachers and staff. Women teachers and older men are playing an increasingly important part in the physical



training of senior boys, and the lecture-demonstration courses, specially arranged for them, have been well attended. In senior girls' classes many young women teachers have shown marked enthusiasm and practical ability, and are now attending a course of further training. Married women teachers of junior and infant children, who have returned to the service, have generally taken every opportunity to improve their technical knowledge and thus to enable them to give a more modern interpretation of the current P.T. scheme.

The demand from evening institutes and voluntary organisations for instructor-leaders has been greater this year than at any time since the war began. It has only been possible to meet this demand through several successive leaders' training courses. The experiment of training selected young men and women as instructor-leaders is proving most successful. The courses are comprehensive in character, and are of about 160 hours duration. The standard of practical work of the trainees is usually high at the beginning of the course, and it is possible, therefore, to devote considerable attention to training in leadership.

In the absence of specialist men teachers, on active service, schools under the Higher Education Sub-Committee are generally staffed by experienced teachers seconded from elementary schools.

In several of these schools it is still possible to provide 3 gymnastic periods, as well as a double games period, weekly, and here at any rate the previous high standard has been generally maintained.

In conclusion it can be said that the effort to recover some of the ground lost as a result of the war has been increasingly successful in all branches of physical training in the Committee's schools."

#### PROVISION OF MEALS.

During the year 2,862,548 dinners were provided for school children, of which 2,527,649 were paid for, and 334,899 were for necessitous children.

Of the latter figure 246,481 were issued free of charge and 88,418 were provided at a charge varying between  $\frac{1}{2}$ d. and  $3\frac{1}{2}$ d. a meal where the family income did not justify the issue of free meals.

The number of meals provided free shows a further decline compared with last year, while the number of meals provided on part payment shows an increase. This is probably partly accounted for by the fact that more school canteens are now available and applications are made on behalf of children who previously found the distance to the nearest canteen too great.

In addition, it is perhaps to be expected that, with further "calling up" for the armed forces, and consequent reduced family income, there should be an increased number of applications.

The present position with regard to the number of school canteens is shown below :—

	1943	1942	1941
School Canteens served from school kitchens .....	67	32	27
School Canteens served from British Restaurants	21	14	6
School Canteens served from Cooking Depots ...	22	4	2
Nursery Schools and Classes (most of these are served from School Canteens or British Restaurants and are, therefore, included in numbers above) .....	37	18	5

In addition meals are provided for a small number of necessitous children by private caterers, restaurants, etc., in districts where it has not been possible to provide canteens. These are gradually being displaced by School Canteens.

In connection with the supply of milk under the "Milk in Schools" Scheme, a summary of the returns from Head Teachers shews that the number of children receiving milk in Elementary Schools increased from 82·1 per cent. in 1942 to 84·1 per cent. in 1943.

### CHILD GUIDANCE CLINIC.

The following report has been received from Dr. C. L. C. Burns upon the work of the Clinic for the year ended 31st December, 1943 :—

"There is one question relating to Child Guidance which is always of interest, and that is results: what numbers, what type of cases, are substantially benefited, and, above all, with what degree of permanence?

Although these Clinics have been going for about fifteen years (the Birmingham Clinic is now in its eleventh year) it is still too early to answer the latter part of the question with any degree of certainty, owing to the difficulty of following-up a sufficient number of the old cases.

An attempt was made during the last year to follow up groups of cases, and the following are some of the results of this enquiry which will be the subject of a report to the Education Committee.

Two groups of cases were selected, as follows :

- (a) Children referred between 1938 and 1940 and accepted as suitable for treatment, amounting to 200 cases.
- (b) A group accepted for treatment in 1936, numbering 50 cases.

The latter group was, however, found to be so scattered by the war and by the lapse of time, that this part of the enquiry had to be abandoned.

Many visits had often to be paid before the parents could be contacted, and this was only achieved in 105 cases out of the 200.

The distribution of the 105 cases according to sex and nature of problems is as follows :—

Problem	Nervous	Behaviour	Delinquent	Physical	Total
Boys	31	29	4	1	65
Girls	24	11	4	1	40
Total	55	40	8	2	105

The results of treatment at *closure* were estimated as follows :—

Adjusted	8
Improved	70
Not Improved	27
	<hr/> 105 <hr/>

The results at follow-up to four years later were :

Improvement maintained	68	}	78
Improvement not maintained	10		
Improved since closure	13	[	27
Not improved since closure	14		

Apart from the bare figures which alone do not give much tangible information, various interesting observations were made: it was found for example that the degree of improvement bore a direct relation to:—

- (a) The age of the child; the younger group doing best.
- (b) The intelligence; those with I.Q. below 85 showed no improvement in half the cases.
- (c) The degree of co-operation with the parents; this was 'poor' or 'bad' in 24 cases, and of these only 10 showed improvement, as against 34 out of 37 where co-operation was good.

It may be noted that the criterion of 'cure' is a very strict one so that the number of cases labelled 'adjusted' is small, and the number only claimed as 'improved' is large. The standard taken by the Social Worker is probably too high.

The nature of the treatment given includes of course other methods than attendance at the Clinic. For example, of the 105 cases (which were all considered to have received 'full treatment') ten were placed away from home after preliminary investigation, and fifteen were sent after treatment at the Clinic to Farms, while ten others were placed elsewhere, chiefly in open-air schools.

The children sent to farms are looked after by the Birmingham Society in Aid of Nervous and Invalid Children, and visited frequently by the Secretary of the Society, as well as occasionally by the Psychiatrists, so that it is not merely 'boarding-out' which is contemplated.

The number actually sent away from home was a fairly large one, and this category has tended to increase during the war. It is not easy in many cases to secure adequate placement, and the provision of special residential treatment centres still remains an urgent one."

#### FIRCROFT BOYS' REMAND HOME.

Birmingham boys in Remand Home during 1943 .....	262
Outside cases in Remand Home during 1943 .....	48
Total number of boys in Birmingham Remand Home during 1943 ...	<u>310</u>

Although space in this Report is limited, the work of the Remand Home seems to call for some attention. The boys admitted are under the general medical care of a visiting practitioner, Dr. H. M. Turnbull, whose attention is, and must be, vigilant and unremitting since little is known about the immediate antecedents of some individuals so that infectious diseases could easily be introduced into the Home.

Whenever requested, medical and mental reports are furnished to the Court by the School Medical Officer, in some cases after the boy has been referred to the Child Guidance Clinic for special investigation. Conference with the Superintendent of the Home has proved of very great value in making these reports because his observation of the boy from day to day, along with records of behaviour and attitude to other boys, proves generally illuminating. Fircroft Remand Home is not merely a house of detention, but may be regarded as an initial agent in the attempt to cure delinquency in the individual. Even in the short time available in most cases, efforts are made to find, to bring out, and to develop any particular aptitudes which a boy may possess, and to adjust individuals to better community life.



In more than one case the stay in the Remand Home, although brief, has been sufficient to give the boy a change in outlook. This remedial function of the Remand Home is of considerable promise for the future and can be of more practical value when the remand period is longer than a week. Many boys can remain on the defensive for one week; most appear in their true colours during the second week, and then the observer can make a very fair assessment of the boy's character and of his difficulties, likes and fears. Admittedly many delinquents are no real psychological problem at all, just the result of bad companionship, the gang spirit, misdirected desire for adventure and so on. In some the root cause of the irregular behaviour is indifferent health. In reporting to the Court an endeavour is made to present the boy's mental and physical make-up as he has disclosed it to the observation of the Superintendent and the examining medical officer.

### EXAMINATION OF MILK/NEWSBOYS.

The number of children examined under the Bye-Laws regulating the employment of children during the year ended 31st December, 1943, was 2,102, the number of clinic sessions used being 337.

### NURSERY CLASSES, ETC.

In December, 1943, throughout the City there were 61 War-time Nursery Classes, in 40 centres, with 1,558 children on Roll, and 13 pre-war Nursery Classes in 5 centres with 382 children on Roll. This may be compared with the numbers in December, 1942, when there were in all 45 Nursery Classes with 1,212 children on Roll.

Here again difficulties in medical and nursing supervision have arisen through reduction of staff and scarcity of appropriate nurses. Nursery Classes provide a valuable opportunity for early detection of health defects and for training in health habits. One Medical Officer points out that it is by no means rare to see a handkerchief passed from mother to child. Other considerations apart, a quite mild infection of the respiratory passages in the adult may occasion a serious illness in the child. There is an opportunity, too, in these classes for checking up immunization against diphtheria or of carrying it out where not yet done, and of immunizing against whooping cough. The prevalence among school children of postural deformities and minor orthopaedic defects suggests the Nursery Classes as a valuable field for the early detection of these conditions. Certain of the Remedial Gymnasts made preliminary surveys in some of the classes to ascertain the general orthopaedic condition of the children, and periodic visits were afterwards paid to carry out such treatment as could be given at the schools. This service was really experimental because while it was important to know the condition of the children and to treat as many as possible, the Gymnasts could ill be spared from their more proper duties. The enthusiasm of the Teachers led them to learn from the Gymnasts certain exercises which would benefit particular children or groups of children so that some treatment could be given even where distance precluded attendance at a Clinic.

Skin affections such as impetigo and other sores, respiratory infections and running ears are all prevalent among these young children so that nurse has usually a good many minor ailments to treat.

All these conditions are improved by Ultra-Violet radiation in addition to the meals supplied and the cod liver oil, orange juice and iron lately made available for children under 5 years old.

## ULTRA-VIOLET RAY TREATMENT.

2,787 children were treated.

901 were cured or much improved.

938 were improved.

192 were no better, and

756 ceased to attend before the completion of course.

Two more Ultra-Violet Ray lamps have been privately provided—one at Tilton Road Nursery School by subscription of the parents of the district, and one at Dartmouth Street Nursery School by Mr. Wilfred Southall through the Birmingham Citizens' Society.

These, along with the lamp given last year by Mr. George Cadbury, allow of increased treatment for Nursery School children, and in these particular schools solve the problem of inaccessibility to clinics.

## SCABIES.

Year	Number of Children found to be suffering from Scabies	Number treated by this Authority	Total number of baths given
1940	2,751	2,255	9,469
1941	5,776	4,440	12,747
1942	6,262	4,993	19,760
1943	5,160	4,547	10,114

There has been an appreciable fall in the number of cases of Scabies discovered during the year. It may be argued that, owing to the reduction in medical staff, ascertainment of cases of this infestation has not been so thorough as in the previous year. But these infested children are not discovered at Routine Inspection alone. They are sought for at special inspections, at the cleanliness examinations and at the surveys conducted by the Attendant who works with the Mobile Bath Unit.

The number of children examined for these various purposes has ensured that the search for cases of scabies has been as thorough and far-reaching as in preceding years. We cannot be sure, however, that this fall in number is a true and lasting decline in the incidence of the disease. Quite commonly Scabies infestation shows temporary remissions with subsequent increase more or less marked. It would not be safe therefore to relax any effort in the detection of this disease. There is evidence that the peak of the epidemic prevalence is past but the infestation is far from being wiped out in the community. An adverse influence in the campaign against Scabies is the fact that people are beginning to become once more rather indifferent to its presence, beginning to regard it as one of the inevitable evils of war-time conditions. There is not quite the same distress on its discovery and anxiety for prompt treatment as were in evidence last year and early in 1943, although we have not reached anything like the pre-war apathy which was probably the cause, to some considerable extent, of the persistence of the infestation throughout the country generally.

Simultaneous treatment of all affected persons in a household is a most important point in prevention of re-infestation and in eradication of the disease. To secure this a scheme of procedure has been designed closely interlocked with that of the Public Health Department so that concerted action may be taken as early as possible. The co-operation of the officers of the Public Health Department has been readily given at all times.

## UNCLEANLINESS.

In the course of the year, 331,256 examinations were made in the Schools for the purpose of detecting Verminous Conditions, as compared with 292,150 similar examinations in 1942. This increase was made possible in part by the reduction in number of medical officers, so that nurses, who no longer were able to accompany a doctor for Medical Inspection, were free to supervise the cleanliness of the children. Infested children were found to number 13,895. This is an increase on the number found in 1942 (11,946), but less than in 1941, when the cleanliness campaign could not be carried on with equal intensity. There seems good reason to believe that maternal employment has much to do with the high level of verminous infestation. Scarcity of soap has been alleged, but, as a cause, is unconvincing.

Legal proceedings under School Attendance Bye-Laws were taken in 327 cases as against 348 in 1942.

During the year, the Mobile Bath Unit, placed at the disposal of the Committee by Messrs. Lever Bros., continued its service. 30,336 children received baths; 15,857 of these were boys and 14,479 girls. Of all children presenting themselves for baths, 39 were rejected for various reasons; of these 25 suffered from Scabies.

## EVACUATION.

At the end of December, 1943, the number of elementary school children officially evacuated remaining in the reception areas was 3,310, and the number evacuated privately was 3,353.

About 2,000 children who had been officially evacuated returned to Birmingham from reception areas during the year 1943.

Registers are still kept by Head Teachers of children whose parents would desire them to be evacuated should this measure be put into operation in the event of heavy bombing, and there were about 4,500 names on these registers in 1943.

## SPECIAL SCHOOLS.

### *General.*

The Medical Supervision of the Special Schools has again been carried out by Dr. Muriel Roberts. The work has followed along the lines of recent years and it is feared that there can be no extension of these activities until more propitious times.

### *Evacuation.*

There is a further decrease in the number of Special School children in the Reception Areas. At the present time there are 176 children evacuated, compared with 201 a year ago.

On the other hand, many applications have been received from Birmingham parents and from the L.E.A.'s. of other areas for the admission of boys to the Ogmore Camp School near Bridgend, and of girls to Llansantffraed Court School, near Abergavenny, and there are now waiting lists for both these Schools.

The number of children in attendance at the Special Schools in Birmingham continues to rise and at the end of the year there were 1,844 on the registers compared with 1,675 at the same time in the previous year.

### *Cottage Homes Children.*

The policy of evacuating Cottage Homes children of nursery school age has been continued, and further accommodation has been secured



through the kindness of the owner of a very suitable house known as Caerynwch at Dolgelley. After slight structural alterations, and the provision of equipment, the advance staff moved in towards the end of December, and arrangements were made for the first group of children between the ages of 2 and 3 to be transferred from Birmingham early in the New Year.

In addition, there are children of nursery school age evacuated at Martineau House, Towyn, King's Hostel, Dolgelley, and at Garth, Dolgelley. The total number of children thus evacuated at the end of the year was 78. The number of children of 5 years of age and upwards evacuated in billets from the Cottage Homes is now 236 compared with 270 a year ago.

There are 223 children of all ages remaining at the Shenley Fields Cottage Homes, and 182 children at the Erdington Cottage Homes, not including those on remand and Care and Protection cases.

The re-opening of the premises in Moseley Road as a Junior Remand Home will enable all the children on remand to be transferred from the Erdington Homes with the exception of boys of 9 years of age or under.

#### *Partially Sighted Children.*

Mr. Archer Hall, Ophthalmic Surgeon, has continued to supervise the treatment of children with eye defects of a serious nature, and reports as follows:—

“There are now 72 pupils at the two schools, twenty-six new admissions have been made during the year, and 25 have left.

In 1943, each of the schools has been visited by me on three occasions, and the work of the institutions has proceeded well, particularly when one considers the difficulties of war-time supply and restriction.

At the Great Charles Street Clinic, I have made seventy examinations of pupils, and have prescribed fresh lenses when necessary, and have arranged to perform operations on five cases of congenital cataract, to obtain further improvement of vision. From the sighted schools or from the five year olds, I have advised admission to the Partially-Sighted Schools in 28 cases.

Two children were transferred to the Institution for the Blind, as they were found too defective for P.S. teaching. Two pupils were transferred to sighted schools.”

#### *Open-Air Schools.*

War-time conditions have brought into particular prominence the value of Open-Air Schools. Although these Schools achieve especially good results in cases of asthma and respiratory weakness in general, they accommodate also, where numbers will allow, children suffering from general debility and lowered vitality. The rule is still observed that no children should be admitted who have actual or suspected tuberculosis. When any such suspicion is entertained the children are referred to the City Tuberculosis Department for specialist examination, so that should it be necessary they may come within the scope of the Tuberculosis Scheme. This allows us to assure Parents that there is no chance of children contracting tuberculosis at our Schools, a possibility which frequently haunts the minds of parents.

In point of fact we may claim that our Open Air Schools are an appreciable factor in the anti-tuberculosis measures among children. While admittedly asthmatics are not especially prone to develop tuber-

culosis, general debility particularly favours the onset of this disease. Life at these schools quite closely approximates to sanatorium conditions and comprises considerably more than open-air alone. The regime consists of proper food at the proper times, rest periods and adequate sleep, along with abundant open-air, and a scholastic curriculum adapted to suit the child's educational deficiencies. These children are often backward, not from mental defect but owing to broken school attendance, and it has been possible for some of them to pass for higher schools while still attending these special institutions.

A problem frequently arising is to what extent "difficult" children should be admitted to these schools. Many of these children would undoubtedly derive much benefit from the new environment and general enlightened supervision but the "difficult" element may well indicate habits of behaviour which might be some menace to the proper working of the School and to the welfare of other children. At present such cases are admitted but only after close scrutiny of all circumstances.

### CONCLUSION.

It seems reasonable to assert that the children have emerged from the fourth year of war on a gratifying level of health. This will not foster a complacency which inhibits activity, but rather an optimism which leads on to further effort. From the beginning, the Committee has aimed at maintaining the School Health Services at as high a standard as circumstances would permit and results have justified this long view. The School Medical Service, although reduced in personnel, has retained sufficient numerical strength to carry on the major part of the necessary work although the scope of activity has been reduced by withdrawal of the medical officers from three Clinics, the discontinuance of the Audiometer Unit and dropping of the intermediate age-group examination. On the other hand, during the four years of war an additional Residential Open Air School has been opened at Haseley Hall, many war-time Nursery Classes and three residential institutions for children of Nursery School age have been opened and many School Canteens organised. Without the active co-operation of the teachers the work of the School Medical Service would lose much of its point and force, and this co-operation has never been more willingly given.

Thanks are due also to the Public Health Department in all its branches, to the Attendance Officers, to Medical Practitioners, to the Hospitals of the City, and to all those who have helped to further the work in the frequently changing conditions.

CITY OF BIRMINGHAM

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Education Committee

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Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1943

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OFFICIAL TABLES



## Elementary Schools.

TABLE I.

### MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS

#### A. ROUTINE MEDICAL INSPECTIONS.

(1)	Number of Inspections in the prescribed Groups :							
	Entrants	..	..	..	..	..	..	15,756
	Second Age Group	..	..	..	..	..	..	1,963
	Third Age Group	..	..	..	..	..	..	9,307
	Total	..	..	..	..	..	..	<u>27,026</u>
(2)	Number of other Routine Inspections .. .. .							
	Grand Total	..	..	..	..	..	..	<u>27,026</u>

#### B. OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections	..	..	108,216
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TABLE II.

### CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups	In- spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
	27,026	1,090	4.0	18,819	69.6	6,775	25.1*	342	1.3

\* See page 4 for observations of School Medical Officer.

TABLE III.

**GROUP I.—TREATMENT OF MINOR AILMENTS** (excluding Uncleanliness, for which see Table V).

Total number of Defects treated or under treatment  
during the year under the Authority's Scheme .. .. 25,018

**GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT** (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total
ERRORS OF REFRACTION (including squint) .. .. .	3,110	288	3,398
Other defect or disease of the eyes (excluding those recorded in Group I) .. .. .	2	37	39
Total .. .. .	3,112	325	3,437
	Under the Authority's Scheme.	Otherwise.	Total
No. of Children for whom Spectacles were			
(a) Prescribed .. .. .	2,378	271	2,649
(b) Obtained.. .. .	*2,379	270	2,649

\* Some of these spectacles were prescribed in 1942.

**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

## Number of Defects.

Received Operative Treatment.		Received other forms of Treatment.	Total number treated
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
1,084	418	1,037	2,539

TABLE IV. DENTAL INSPECTION AND TREATMENT

(1)	Number of children inspected by the Dentist :						
	(a) Routine age-groups.	..	..	..	..	..	93 962
	(b) Specials	..	..	..	..	..	254
	(c) Total (Routine and Specials)	..	..	..	..	..	94,216
(2)	Number found to require treatment	..	..	..	..	..	52,949
(3)	Number actually treated	..	..	..	..	..	25 763
(4)	Attendances made by children for treatment	..	..	..	..	..	31,116
(5)	Half-days devoted to	{ Inspection 466 Treatment 3,446 }					Total 3,912
(6)	Fillings	{ Permanent Teeth 10,866 Temporary Teeth 248 }					Total 11,114
(7)	Extractions	{ Permanent Teeth 11,787 Temporary Teeth 50,847 }					Total 62,634.
(8)	Administrations of general anaesthetics for extractions	15 918.					
(9)	Other Operations	{ Permanent Teeth 3,033 Temporary Teeth 2,733 }					Total 5,766.

TABLE V. VERMINOUS CONDITIONS

(i.)	Average number of visits per school made during the year by the School Nurses.....	12.8.
(ii.)	Total number of examinations of children in the Schools by School Nurses.....	331,256.
(iii.)	Number of <i>individual</i> children found unclean.....	13,895.
(iv.)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....	Nil.
(v.)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921.....	Nil.
	(b) Under School Attendance Byelaws.....	327.

TABLE VI. BLIND AND DEAF CHILDREN

Number of totally or almost totally blind and deaf children who were not receiving education suitable for their special needs at the end of the calendar year :—

	(1) At a Public Elementary School.	(2) At an Institution other than a Special School.	(3) At no School or Institution.
Blind Children	—	—	—
Deaf Children	—	* One	—

\* This Child has now (January, 1944) been admitted to a School for the Deaf.